## MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH \_Primary Registration District N1 003 Registration District No DO NOT WRITE AMENDED FILED AUG I 5 1963 ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY VS 300 . STATE Missouri b. COUNTY St. Louis admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b Inside Limits 10 Min-TOWN Maplewood Yes 🛣 No 🗀 Louis St. c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET Reside on Farm (If cutside, give location) ļω 7325 Bruno Ave. institution St. John's Hospital Yes D No A Yes 🛣 No 🖂 3. NAME OF DECEASED Middle 4. DATE Year (Type or print) 1963 **JOHN** SMITH MARSH DEATH August 8. DATE OF BIRTH 9. AGE (last birthday) | IF UNDER 1 YEAR 0 IF UNDER 24 HR Never Married 5. SEX 6. COLOR OR RACE 7. Married 🎏 6-22-1891 Widowed [] Divorced | Male White 72 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) USA St. Louis, Mo. YMCA 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME ᇙ Viola K. Kincer Marsh Sarah Smith Isaac M. Marsh Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of servi Viola K. Marsh ARE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: 10 RECORD 11 INSTEAD Conditions, if any, which gave rise to above cause (a), 王 stating the under-13 lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased there a pregnancy in last 90 days. disease condition given in PART I (a) s AMENDMENT 20a. ACCIDENT SUICIDE 19. WAS AUTOPSY PERFORMED? Month, Day, Year 20c. TIME OF Hour RIBBON INJURY p.m. STATE 20f. CITY, TOWN, OR LOCATION 20e. PLACE OF INJURY (e.g., in or about home, 20d. INJURY OCCURRED WHILE AT WORK | farm, factory, street, office bldg., etc.) *LYPEWRITER* READ to 14.5, 1963 and last saw him alive on celled. m of the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred at 22c. DATE SIGNED 22b. ADDRESS 7346a Manchester Ave. Ö 22a, SIGNATURE 8-6-63 St. Louis 43. Mo. MD AFFIDAVIT 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, 23b. DATE NO. Bremation St. Louis Co., Mo. 8-8-1963 Valhalla Crematory | 25. DATE RECD. BY LOCAL REG. ITEM 24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

FAD111, MD MI 7-2676

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	A Runges
Signatura of Student Embalmer	Licensed Embalmer No. 29

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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